



**NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD  
BUREAU OF WEIGHTS AND MEASURES**

**25 CAPITOL STREET  
PO BOX 2042  
CONCORD NH 03302-2042**

Telephone: (603) 271-3700

Email:

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Form: ST-1 (Rev. 09-01)

**APPLICATION FOR ORIGINAL SERVICEMAN CERTIFICATE  
OF REGISTRATION**

**INSTRUCTIONS --- (Read carefully before filling out this form)**

1. In accordance with PART Agr 1405, Licensing of Servicemen, this application **shall be complete and accurate** as to all information requested for an individual to obtain a certificate of registration to install, **service, repair, recondition or test and calibrate commercial weighing, measuring or counting devices in the State of New Hampshire**
2. Applicant will need to contact the Bureau of Weights and Measures for the appropriate application fee. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to :**NH Dept. of Agriculture, Markets and Food, Bureau of Weights and Measures, PO Box 2042, Concord , NH 03302-2042.**
3. A copy of the test equipment certification **MUST** accompany the application if certified in an accredited state laboratory other than the NH Laboratory. In accordance with Agr 1405.07, test equipment license must be certified no more that **90 days** prior to submitting an application for a certificate o registration.
4. Applicant shall attach to the application a sample of his/her lead and wire seal and a sample of the pressure-sensitive paper seal to be used by

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY**

Date: \_\_\_\_\_, 200\_\_ Home Telephone #: \_\_ (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Residence: Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ (9 Digit) Zip Code \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers Lic.No.: \_\_\_\_\_ State: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

E-mail address if available: \_\_\_\_\_

Previous Residence or Residences if at current address less than 5 years: \_\_\_\_\_

If Applicant has held a certificate under another name provide that name: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Check No.: \_\_\_\_\_ Fee: \_\_\_\_\_

Date App. Sent \_\_\_\_\_ ExpDate: \_\_\_\_\_ SealNo. \_\_\_\_\_

Disapproved / Reason \_\_\_\_\_

Exam Date: \_\_\_\_\_ ExamScore \_\_\_\_\_

Rule Number: \_\_\_\_\_ Handbook -44 Number: \_\_\_\_\_

Handbook 112 Number: \_\_\_\_\_

5. Applicant **Must Obtain** a current copy of the department's weights and measures rules and the Current Editions of NIST Handbooks 44 and 112 prior to any  
Being issued. An order form is enclosed.
6. Applicant must pass a written examination with a minimum score of 70%.
7. Applications shall be signed by the person applying for a license.

**DEVICE CATEGORIES**

**SCALES:**

A \_\_\_ 30 lbs or less B \_\_\_ 31 to 300 lbs C \_\_\_ 301 to 3000 lbs  
D \_\_\_ 3001 to 20 000 lbs E \_\_\_ 20 001 and up F \_\_\_ Vehicle Scales  
G \_\_\_ Analytical Balances R \_\_\_ Lift truck on board weighing systems

**RETAIL MOTOR FUEL DEVICES:**

H \_\_\_ Gasoline Pumps I \_\_\_ LP Gas Pumps J \_\_\_ Natural Gas Pumps

**LARGE VOLUME:**

K \_\_\_ Vehicle Tank Meters L \_\_\_ Bulk Storage Meters  
M \_\_\_ LPG Vehicle Tank Meters Q \_\_\_ Bulk Motor Oil Meters

**OTHER:**

<p><b>Present Employer:</b></p> <p>Company Contact Person: _____</p> <p>E-mail Address if Available: _____</p> <p>Company Name: _____</p> <p>Street: _____ City: _____</p> <p>State: _____ (9 digit) Zip Code: _____ - _____</p> <p>Mailing Address If Different From Above: _____</p> <p>Telephone #: ____ (____) _____</p> <p>Fax #: ____ (____) _____</p> <p>Toll Free #: ____ (____) _____</p>	<p style="text-align: center;"><b><u>TEST EQUIPMENT</u></b></p> <p>List all test equipment to be used in this state, Include ID #'s and/or Serial #'s.</p> <p>Test Weights: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Test Measures: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other: _____</p> <p>_____</p> <p>Date test equipment last certified: _____</p> <p>Where certified: _____</p>
<p><b>Most recent past employer for whom you have worked and held a serviceman certificate of registration:</b></p> <p>Company Name: _____</p> <p>Street: _____ City: _____</p> <p>State: _____ (9 digit) Zip Code: _____ - _____</p>	

**Pursuant to Agr 1405.02 (20) -- Please read, sign and date:**

<p><b>1.</b> “I understand that I shall pass a written examination, pursuant to Agr 1405.08, for those device categories I want to service.”</p> <p><b>2.</b> “I understand that only certified standards, pursuant to Agr 1405.07 shall be used to service commercial devices and that the standards shall be certified in the New Hampshire weights and measures laboratory or I shall submit a certificate of certification from another accredited state weights and measures laboratory before a license can be issued.”</p> <p><b>3.</b> “I certify that I possess the necessary standards and testing equipment to service those device categories for which I am requesting a certificate of registration.”</p> <p><b>4.</b> “I certify that I have a current edition of NIST Handbook-44, pursuant to Agr 1405.04.”</p>	<p><b>5.</b> “I certify that I have a current copy of the New Hampshire code of administrative rules, Agr 1400, and that I shall operate in accordance with these rules.”</p> <p><b>6.</b> “I certify that there are no willful misrepresentations or falsifications in the information provided above.”</p> <p><b>7.</b> “I understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.”</p> <p><b>8.</b> “If, after issuance of my serviceman certificate of registration, should an investigation disclose any willful misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.”</p>
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Signature of Applicant

Date